

2-25-05

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Express Mail No. EV 456 932 511 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Dasseux *et al.*

Confirmation No.: 1151

Serial No.: 10/657,810

Art Unit: 1743

Filed: September 8, 2003

Examiner: Gakh, Yelena G.

For: FOURIER TRANSFORM
MASS SPECTROMETRY OF
COMPLEX BIOLOGICAL
SAMPLES

Attorney Docket No: 10173-104-999

TRANSMITTAL

ATTN: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

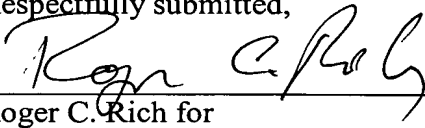
Transmitted herewith are the following documents for filing in connection with the above-identified application:

- 1) 3-month Petition for Extension of Time under 37 C.F.R. § 1.136(a) (in duplicate);
- 2) Fee Transmittal Sheet (in duplicate);
- 3) Amendment and Response under 37 C.F.R. § 1.111; and
- 4) Copy of Request for Correction of Official Filing Receipt as filed under separate cover.

The Commissioner is authorized to charge all required fees to Jones Day Deposit Account No. 50-3013 (371855-999099). A copy of this sheet is enclosed for such purpose.

Respectfully submitted,

Date: February 22, 2005


Roger C. Rich for
Anthony Insogna (Reg. No. 35,203)
JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

54,398

(Reg. No.)



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Serial No.: 10/657,810 Art Unit: 1743
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For: FOURIER TRANSFORM MASS Attorney Docket No: 10173-104-999
SPECTROMETRY OF
COMPLEX BIOLOGICAL
SAMPLES

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

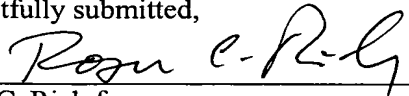
The claim amendment fee has been estimated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	36	MINUS	160	0	x 25	\$		x 50	\$ 0.00
INDEP.	3	MINUS	3	0	x 100	\$		x 200	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$		\$	0.00
TOTAL						\$	OR	TOTAL	\$ 0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013 (371855-999099). A copy of this sheet is enclosed.

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Respectfully submitted,


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Enclosure